

FILE

04FEB1575
NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)

JUN - 2 2004

md
DEAN HELLER
SECRETARY OF STATE

NAME James W. Calkins
MAILING ADDRESS 2110 ESCALERA WAY
CITY, STATE, ZIP RENO NV 89523
TELEPHONE 775-747-4202

LENGTH OF RESIDENCE IN NEVADA 3 years
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 3 years
NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office | Annual Compensation | Term or Date Appointed | ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b) | CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a) | APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a) |
|-------------------------------------|---------------------|------------------------|--|--|--|
| <u>CANDIDATE for WARD 5 Council</u> | \$ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

| | Self | Household Member |
|--|-------------------------------------|-------------------------------------|
| <u>Attorney - California</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Home Health Care Administrator (Spouse)</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

| | Self | Household Member |
|------------------|-------------------------------------|-------------------------------------|
| <u>BANK LOAN</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

| | Self | Household Member |
|------------------------------------|-------------------------------------|-------------------------------------|
| Owner, Law Practice (California) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Owner, Home Health Care Consulting | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

| Specific Location | Particular Use |
|-------------------|----------------|
| N/A | |
| | |
| | |
| | |

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

| Donor | Value of Gift |
|-------|---------------|
| N/A | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 5/18/09 Signature: James W. Callkins